DOCUMENT RESUME

ED 256 551 RC 015 267

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TITLE Evaluation of Project HAPPIER Survey: Illinois.
INSTITUTION Pennsylvania State Dept. of Education, Harrisburg.
SPONS AGENCY Office of Elementary and Secondary Education (ED), Washington, DC. Migrant Education Programs.
PUB DATE 31 Aug 84
NOTE 32p.; For related documents, see ED 245 856 and RC 015 268-269. Portions of appendices may not reproduce well due to small print.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Comparative Analysis; Dental Health; Disease Control; Drug Abuse; *Employee Attitudes; *Health Education; Health Materials; *Health Needs; Migrant Education; *Migrant Health Services; *Migrant Problems; Migrant Programs; *Needs Assessment; Nutrition; Parent Attitudes; Physical Health; Questionnaires; State Surveys; Teacher Attitudes
IDENTIFIERS *Illinois; Project HAPPIER

ABSTRACT

As part of Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility), a survey was conducted among teachers and other migrant personnel in Illinois to assess the current health needs of migrants. The availability of educational materials was also investigated in the survey in order to ensure that a proposed health resources guide would meet the needs of migrant health and education staffs and migrant parents. Respondents indicated that migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. The major barrier to adequate health care was high cost, compounded by the migrant environment and life style and lack of information. Teachers, outreach workers, and nurses were seen as the most influential in promoting good health practices and also were the major health providers. Dental health, nutrition, fitness, and substance abuse were the most important instructional areas. Parents' health values and beliefs, their present health knowledge, and an awareness of the barriers to good health habits were essential to the teaching process. Materials should be designed to be integrated with existing curriculum. Dental health materials were needed most. These results were similar to the results of a national study, also conducted by Project HAPPIER, using a similar survey form. Appendices contain the 6-page survey form, data tables, and respondents' comments. (JHZ)

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ED256551

Evaluation of Project HAPPIER Survey

Illinois

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August 31, 1984

RC015267

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EXECUTIVE SUMMARY

Evaluation of Project HAPPIER Survey

Illinois

Project HAPPIER is funded by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, the project is a consortium of representatives from state departments of education and migrant health centers to design, develop and disseminate a health education resource guide for the teaching of correct information to migrant school children. This report summarizes the results of a survey to determine entry level knowledge of one of the participating audiences (Illinois) to ensure the resource guide will meet the needs of migrant health staff, migrant education staff, and migrant parents.

Respondents indicated migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. The major barrier to adequate health care is high cost, compounded by the migrant environment and life style and lack of information. Teachers, outreach workers and nurses are seen as the most influential in promoting good health practices and also are the major health providers. Dental health, nutrition, fitness and substance abuse are the most important instructional areas. The parents' health values and beliefs, their present health knowledge, and an awareness of the barriers to good health habits are essential to the teaching process. Materials should be designed to be integrated with existing curriculum. Dental health materials are needed most.

These results were similar to the results of a national study conducted using a similar survey form.

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Evaluation of Project HAPPIER Survey
Illinois

Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is funded with discretionary funds by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, the project coordinates an intra/interstate and intra/interagency effort to design, develop and disseminate a resource guide on health awareness patterns preventing illnesses and encouraging responsibility to migrant children.

Initially funded in September of 1983, the project has assembled a consortium of representatives from the state departments of education of Arizona, California, Florida, Georgia, Illinois, Massachussetts, Minnesota, Puerto Rico, Texas and Washington. Represented as a part of the Consortium is the Office of Migrant Education of the United States Department of Education and the Office of Migrant Health of the Department of Health and Human Services. Also represented are various State Health Directors. This project is being developed cooperatively between health and education persons throughout the nation and at local, state and federal levels.

Each of these organizations will contribute to the design, development and dissemination of a comprehensive resource guide for the migrant population for the teaching of correct information concerning health. Areas of concern where migrant health materials are needed will be determined cooperatively by Consortium members. Materials and resources will be gathered and catalogued to meet these needs. Where materials are not available or are inappropriate (e.g., not in Spanish) additional health education materials will be modified or developed.

The resource guide will be designed to be used as a separate health curriculum guide or as an integrated program into the regular curriculum. It will be useable by teachers and health personnel. Each material reviewed in the resource guide will be abstracted on the following information:

Health category (e.g., dental health, nutrition, human growth and development, substance abuse, safety)
Title of material
Format (e.g., brochure, booklet, folder)
Source of material (i.e., producer)
Reading level
Intended use by (e.g., adults, children, parents, health personnel)
Intended use for (e.g., parent's own use, parent's use with their children)
Brief abstract of material
English/Spanish
Availability (i.e., how to obtain, if attainable)
Cost

Pilot testing of the resource guide will involve administrators, teachers, and health personnel of migrant children.

Survey of Migrant Education Programs

A survey was developed to determine entry level knowledge of the various participating audiences in order to ensure that the curriculum unit will meet the needs of migrant health staff, migrant education staff, and migrant parents. It assesses the current health needs of migrants and the availability of educational materials to assist the efforts of local migrant education programs.

Three forms of the survey have been developed. Of the first two forms, one form was administered to samples of the staffs of Migrant Health Centers and the Consortium Members. The results from the administration to the Migrant Health Centers forms the basis for the national results used as a reference within this report. The second form was administered to State Directors of Migrant Education. The results of the administration of these two forms were reported earlier (Evaluation of Project HAPPIER Survey, February 15, 1984).

This report summarizes the results of a revised survey form (Appendix A) which was administered to migrant teachers and other personnel in Illinois as one step of a followup of the national study.

Limitations of the Survey

The revised survey form presented in Appendix A attempted to eliminate several shortcomings in the previous two forms of the survey. Therefore, the results reported herein can not be directly compared with the national results. However, any comparative limitations will be noted in the discussion of each item.

RESULTS

This evaluation report summarizes the responses across respondents from Illinois by survey item, and compares their responses with the responses of the national survey of Migrant Health Centers. Comments to the "Other (Please Specify)" alternatives or to the items in general are used to extend these results. Complete comments are included as Appendix C.

Item O. *Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?*

This item did not appear on the national survey. In Illinois, 11 respondents (61 percent) indicated they need health educational materials and/or training. Twelve respondents provided written comments. These comments are presented as part of Appendix C.

One respondent indicated a need for curriculum guides and materials, especially for summer school sessions. Another noted the need for materials in Spanish. A third noted the program needs to do a better job of following-up on the results of screening procedures.

One respondent stated:

> A school (health) program should promote health for the student through a health education curriculum and student health service and for families only as follow-up activities occur for school screening programs and as the health of the child affects that child's education. Health programs for migrant families should be and can be taken on by community agencies, in cooperation with schools (plus) agencies responsible already for community service and education in physical, mental and spiritual health. Migrants will not become integrated in(to) the community by only migrant programs becoming involved in services coordination and education.

The areas in which materials are needed according to these comments are:

Dental health/hygiene (3 respondents)
Health care and disease prevention (2)
Maturation
Notification in Spanish of positive TB test results
Nutrition
Physical abuse (parenting programs)
Substance abuse
Wellness

Item 1. *What groups in a community should promote wellness and disease prevention in migrant children and their families?*

Responses to this item for both respondents from Illinois (IL) and the national sample are presented in Table 1. A "coordination of efforts" was checked by each respondent, followed by "Migrant Education Program Staff" and "Migrant Health Staff." This pattern was similar to the national sample responses, but all responses except "Coordination" were checked less often.

TABLE 1
ITEM 1 RESPONSES

	IL		National	
Responses Checked	No	%	No	%
Migrant Health Staff	10	55	47	67
Migrant Ed. Program Staff	10	55	46	66
Head Start Program Staff	5	27	36	51
Coordination of efforts...	18	100	58	83
(other)	2	11	12	17
[Number of cases]	[18]		[70]	

There were only 2 specified responses in the "other" category. These included the name of a specific health clinic and the Illinois Migrant Council.

Item 2. *In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?*

A summary of responses to this item is presented in Table 2. All of the respondents answered affirmatively. This is considerably higher than the 80 percent from the national sample. There were no written comments to this item.

TABLE 2
ITEM 2 RESPONSES

	IL		National	
Response Checked	No	%	No	%
Yes	18	100	53	80
No	0	0	13	20
[Number of cases]	[18]		[66]	

Item 3. *Which organizations or agencies in your community could most effectively coordinate health promotion programs for migrant families?*

The response checked most often was "Migrant Health Projects" (77 percent of the respondents), followed closely by "Migrant Education Programs" (72 percent). These responses are summarized in Table 3.

TABLE 3
ITEM 3 RESPONSES

	IL		National*	
Responses Checked	No	%	No	%
Migrant Health Proj.	14	77	56	89
Migrant Ed. Programs	13	72	30	48
Planned Parenthood	0	0	0	0
Churches	2	11	0	0
Hospitals	1	5	0	0
(other)	10	55	16	25
[Number of cases]	[18]		[63]	

*National survey asked for a single response, but over half of the respondents gave multiple responses.

The national responses cannot be directly compared as the previous forms of the survey asked for a single response. However, many respondents in the national sample (about half of them) checked more than one response to this item anyhow. However, the responses from Illinois were more oriented towards "Migrant Education Programs."

Fifty-five percent of the respondents checked the "other" category. This is double what was found in the national survey. Most frequently indicated others were: county health departments/dental clinics (7 respondents); local health clinics (3); plus Southern Illinois University, a summer migrant education nurse, the Illinois Migrant Council and the Illinois Department of Public Health.

Item 4. *Check one or more of the following concepts that best describe your view of "Holistic Health".*

The results of this item are presented in Table 4. The most frequently checked response was "Viewing a person's wellness from a variety of perspectives," which was checked by 61 percent of the respondents. Each of the responses was checked less often than in the national survey, although they were checked in relatively the same order of preference. No

one chose "an unsound set of principles that could delay or prevent necessary medical treatment."

TABLE 4
ITEM 4 RESPONSES

Responses Checked	IL No	IL %	National No	National %
Viewing person's wellness...	11	61	50	74
Bringing together concepts...	5	27	36	53
Treating "person" not disease	8	44	47	69
Promoting unity of body, mind	7	38	45	66
Alternative to conventional...	1	5	5	7
Combining with best health...	2	11	6	9
A popular, but unscientific...	1	5	4	6
Unsound set of principles...	0	0	3	4
[Number of cases]	[18]		[68]	

Since the desired responses were the first four, there seems to be some, but not sufficient knowledge about "Holistic Health" amongst the Illinois respondent group.

There were no written comments to this item.

Items 5-10.

The format of these items was changed from a ranking of the possible responses on the previous two forms of the survey to a five-point rating scale for each response on the current survey form. In the ranking form, anywhere from 20 to 40 percent of the respondents checked responses instead of ranking them. The comparisons given for the following items are for those respondents in the national sample who ranked responses. These rankings cannot be directly compared with the ratings by the Illinois respondents.

Item 5. *What barriers prevent migrant children and their parents from obtaining health care?*

The results for this item are presented in Table 5. "High cost" was rated as the major barrier to obtaining health care, followed by "Other." There was considerably more emphasis on the other responses in the national survey, especially on the "inaccessibility" response which was only rated a weak third by the respondents in Illinois.

TABLE 5
ITEM 5 RESPONSES

Response	IL Rating Min	Max	Mean	S.D.	National Ranking Min	Max	Mean	S.D.
Inaccessibility	1	5	2.56	1.20	1	5	2.1	1.15
Unavailability	1	5	1.89	1.13	1	6	3.1	1.05
High cost	2	5	4.22	1.11	1	5	2.1	1.21
Discrimination	1	5	2.12	1.22	1	6	3.4	1.16
Poor quality	1	5	1.75	1.06	4	6	5.1	0.44
(Other)	1	5	4.00	1.55	1	6	3.2	1.83
[Number of cases]		[18]				[68]		

There were 8 comments to the "Other" category. They fall into the following groupings:

Knowledge of available services (2 respondents)
Lack of transportation (2)
Lack of awareness of the importance of health care
Discrimination against public aid recipients
Lack of a green card
Lack of health insurance
Lack of continuity and follow-up of services
Willingness to take the ime to get needed help

Item 6. *What barriers prevent migrant children and their parents from using health practices that promote "wellness"?*

These results are presented in Table 6. "Lack of information" was cited as the principal cause in both the Illinois and national results, followed by "cultural beliefs."

TABLE 6
ITEM 6 RESPONSES

Response	IL Rating Min	Max	Mean	S.D.	National Ranking Min	Max	Mean	S.D.
Cultural beliefs	1	5	2.89	0.96	1	5	2.6	0.88
Lack of motiv.	1	4	2.33	0.97	1	5	2.8	1.29
Fatalistic att.	1	4	2.28	0.89	1	5	3.3	1.04
Lack information	1	5	3.83	1.15	1	5	1.9	1.18
(Other)	5	5	5.00	0.00	1	5	2.0	1.41
[Number of cases]		[18]				[69]		

There were only 5 written responses for the "Other" category. High costs (or fear of them) and lack of health or wellness as a priority were each mentioned by two respondents. Other things mentioned were little remaining

emotional energy for health maintenance, times these agencies are open, and the language barrier.

Item 7. *To what extent does each of the following contribute to the health status of an individual?*

"Environment" was indicated to be the most important factor in determining the health status of an individual, followed closely by "life style" (Table 7). Only somewhat less important were the "human biological factors" and the "health care delivery system." These results were similar to the national rankings, with increased emphasis on the environment. There were no written comments to this item.

TABLE 7
ITEM 7 RESPONSES

	IL Rating				National Ranking			
Response	Min	Max	Mean	S.D.	Min	Max	Mean	S.D.
Delivery system	2	5	3.63	0.92	1	4	3.4	0.85
Life styles	3	5	4.39	0.61	1	3	1.6	0.79
Environment	3	5	4.44	0.70	1	4	2.1	0.76
Human biological	2	5	3.89	0.90	1	5	3.0	1.12
(Other)	-	-	—	—	1	3	2.0	1.41
[Number of cases]		[18]				[69]		

Item 8. *To what extent do the following influence and promote good health practices among migrant children and their parents?*

The results for item 8 are presented in Table 8. Teachers were seen as the most influential followed by outreach workers and nurses. Church and the media were seen

TABLE 8
ITEM 8 RESPONSES

	IL Rating				National Ranking			
Response	Min	Max	Mean	S.D.	Min	Max	Mean	S.D.
Doctors	2	5	2.83	0.99	1	7	4.5	1.60
Nurses	2	5	3.72	1.07	1	6	3.1	1.41
Teachers	2	5	4.11	0.96	1	6	3.2	1.49
Out-reach wkr.	2	5	4.00	1.03	1	6	2.7	1.48
Family	2	5	3.44	1.04	1	7	3.4	2.26
Church	1	4	2.39	0.92	1	7	5.1	1.88
Media	1	5	2.28	0.83	3	8	6.4	1.15
(Other)	-	-	—	—	1	8	3.7	3.79
[Number of cases]		[18]				[69]		

as the least influential. These results are very similar to the national results. There were no responses to the "Other" category.

Item 9. *To what extent should each of the following provide health education for migrant children and their parents?*

Responses to this question are summarized in Table 9. Nurses, teachers, outreach workers, the family and doctors (in that order) were indicated as those individuals who should be the major providers of health education for migrant children and their parents. Again, the church and media were rated as least important.

These results parallel the national results, except the the importance of the family was ranked somewhat lower in the national survey. There were no written responses to the "Other" category.

TABLE 9
ITEM 9 RESPONSES

	IL Rating				National Ranking			
Response	Min	Max	Mean	S.D.	Min	Max	Mean	S.D.
Doctors	2	5	3.94	0.87	1	6	3.5	1.61
Nurses	3	5	4.44	0.62	1	7	3.0	1.56
Teachers	3	5	4.33	0.77	1	8	2.9	1.74
Out-reach wkr.	3	5	4.33	0.77	1	7	3.1	1.69
Family	2	5	4.22	0.94	1	7	4.4	1.99
Church	1	5	3.12	1.17	3	7	5.7	1.35
Media	1	5	3.39	1.38	1	7	5.6	1.75
(Other)	-	-	--	--	1	1	1.0	0.00
[Number of cases]		[18]				[67]		

Item 10. *Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families?*

The responses to Item 10 are summarized in Table 10. The instructional area deemed most important is Dental Health, followed closely by Nutrition. Fitness and Substance Abuse were rated next followed by Human Growth and Development, Mental Health and Disease Control. The lowest rated areas were Anatomy and Physiology. These results disagree with the findings of the national survey where Nutrition and Human Growth and Development were ranked much higher, and Substance Abuse was ranked much lower. There were no written comments to the "Other" response for this item.

TABLE 10
ITEM 10. RESPONSES

Response	IL Rating Min	Max	Mean	S.D.	National Ranking Min	Max	Mean	S.D.
Nutrition	1	5	4.28	1.07	1	7	2.1	1.37
Fitness	3	5	4.17	0.62	1	11	5.6	2.95
Dental health	3	5	4.33	0.59	1	10	4.8	2.54
Human G&D	3	5	4.11	0.68	1	11	4.0	2.65
Mental health	3	5	4.06	0.73	3	11	6.8	2.12
Substance abuse	3	5	4.17	0.79	3	11	7.3	2.23
Disease control	3	5	4.00	0.77	1	11	4.8	2.64
Anatomy	2	4	3.06	0.64	2	12	8.8	2.74
Physiology	2	5	3.00	0.84	3	11	8.8	2.57
Safety	2	5	4.11	0.90	1	10	5.8	2.51
Consumer health	2	5	3.83	0.92	1	11	7.9	2.77
(Other)	--	-	--	--	1	12	4.3	4.13
[Number of cases]			[18]				[70]	

Item 11. *What do you need to know in order to teach good health practices to migrant children and their parents?*

The results for Item 11 are presented in Table 11. The most frequently checked responses were "barriers that prevent the practice of good health habits" and "parents' values, beliefs and attitudes toward health", followed by the "families present knowledge of good health practices." "Basic health information" and "the importance of folk medicines in the lives of migrant farmworkers" were checked by about half of the respondents. These results are similar to the national results. There were no comments to this item.

TABLE 11
ITEM 11 RESPONSES

Responses Checked	IL No	IL %	National No	National %
Basic health information	10	55	50	71
Importance of folk medicine	9	50	48	69
Parents' health values, beliefs...	15	83	61	87
Good health habit barriers	15	83	64	91
Families' present health knowledge	13	72	49	70
[Number of cases]	[18]		[70]	

Item 12. *What types of materials do you need to promote sound health concepts?*

Table 12 presents the results for Item 12. "Strategies and techniques of integrating health concepts into existing curriculums" and "materials and activities to present health concepts" were checked most frequently, as in the national survey. Also, as in the national survey, no other response was checked by at least half of the respondents. There were no comments to this item.

TABLE 12
ITEM 12 RESPONSES

Responses Checked	IL No	IL %	National No	National %
Teacher's guide	3	16	14	20
Health skills list	5	27	26	37
Health concepts correlated to skills	4	22	30	43
Strategies of integrating health	13	72	49	70
Materials and activities	11	61	51	73
Health resource guide	8	44	21	30
Health ed. needs assessment instr.	6	33	30	43
[Number of cases]	[18]		[67]	

Item 13. *Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs?*

The response to the Yes/No portion of this item is presented in Table 13. Respondents who answered "Yes" but did not provide any names and addresses or who omitted this item were counted as having answered "No." The same procedure was used for the next two items.

TABLE 13
ITEM 13 RESPONSES

Response	IL No	IL %	National No	National %
Yes	7	39	31	44
No	11	61	39	56
[Number of cases]	[18]		[70]	

Less than 40 percent of the respondents answered affirmatively, which is about the same as the 44 percent in the national survey. A listing of the individuals and organizations given in response to this item is presented in Appendix D.

Item 14. *Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations?*

The response to the Yes/No portion of this item is presented in Table 14. Only six percent of the respondents answered this item affirmatively. This is considerably less than the 21 percent in the national survey. The only comment to this item is given in Appendix D.

TABLE 14
ITEM 14 RESPONSES

	IL		National	
Response	No	%	No	%
Yes	1	6	15	21
No	17	94	55	79
[Number of cases]	[18]		[70]	

Item 15. *Do you know of any health educational materials appropriate for migrant children and their parents?*

The response to the Yes/No portion of this item is presented in Table 15. Half of the respondents answered this item affirmatively, which is considerably higher than the 31 percent in the national survey. There were ten leads regarding materials which are available. A complete listing of the responses to this item is presented in Appendix D.

TABLE 15
ITEM 15 RESPONSES

	IL		National	
Response	No	%	No	%
Yes	9	50	22	31
No	9	50	48	69
[Number of cases]	[18]		[70]	

Item 16. *What are the most frequently diagnosed health problems in migrant families:*

There were four age groupings to use in responding to this item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents were to answer this item only if they had accurate data. Therefore, only about one-third of the respondents answered any part of this item, and there were only 2 responses for the upper age group.

Complete responses to this item are presented below:

0-1 years
Dental hygiene and care (2 respondents)
Cardiovascular problems (2)
Pre-natal care

1-5 years
Dental hygiene and care (4)
Cardiovascular problems
Head lice and scabies
Diseases

6-18 years
Dental hygiene and care (5)
Head lice (3)
Dental caries (2)
Cardiovascular problems
Drugs and alcohol
Immunization
Scabies
Vision follow-up

18 years and over
Dental hygiene and care (2)
Cardiovascular problems

Item 17. *What are the leading causes of death in migrants?*

The same four age groupings were used in responding to this item as in the previous item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents also were to answer this item only if they had accurate data. Therefore, only one of the respondents answered this item.

Complete responses to this item are presented below. Because this is limited to one respondent, these responses must be viewed as very tentative.

0-1 years
Prematurity

1-5 years
Congenital defects

6-18 years
Drugs
Alcohol
Homicides

18 years and over
Homicides

APPENDIX A

HAPPIER Survey Form Used in Illinois

HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

Survey - Migrant Education Programs

Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?

___ Yes ___ No

Please specify: _____

_____

_____

1. What groups in a community should promote wellness and disease prevention in migrant children and their families? Check one or more of the following:

   ___ Migrant Health Staff
   ___ Migrant Education Program Staff
   ___ Head Start Program Staff
   ___ Coordination of efforts of all agencies and persons in a community that have an impact on the health status of an individual.
   ___ Other (Please Specify)

   _____

2. In your community, have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?

   ___ Yes ___ No

3. Which organizations or agencies in your community could most effectively coordinate health promotion programs for migrant families? Check one or more of the following:

   ___ Migrant Health Projects
   ___ Migrant Education Programs
   ___ Planned Parenthood
   ___ Churches
   ___ Hospitals
   ___ Other (Please Specify)

   _____

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4. Check one or more of the following concepts that best describe your view of "Holistic Health".

___ Viewing a person's wellness from a variety of perspectives.
___ Bringing together concepts and skills to enhance a person's growth towards harmony and balance.
___ Treating the "person" not the "disease".
___ Promoting the unity of body, mind and spirit.
___ An alternative to conventional medical practices.
___ Combining with the best health practices from both the east and the west.
___ A popular, but unscientific, "self-help" program.
___ An unsound set of principles that could delay or prevent necessary medical treatment.

5. What barriers prevent migrant children and their parents from obtaining health care? (Circle one number for each statement.)

	Not a Barrier				Major Barrier
Inaccessibility of health care delivery systems	1	2	3	4	5
Unavailability of health care delivery systems	1	2	3	4	5
High cost of care	1	2	3	4	5
Discrimination by the health care delivery system	1	2	3	4	5
Poor quality of care received	1	2	3	4	5
Other (Please Specify)	1	2	3	4	5

_____
_____

6. What barriers may prevent migrant children and their parents from using health practices that promote "wellness"? (Circle one number for each statement.)

	Not a Barrier				Major Barrier
Cultural beliefs	1	2	3	4	5
Lack of motivation to change	1	2	3	4	5
Fatalistic attitude (feel they have no control of their destiny)	1	2	3	4	5
Lack necessary information to promote "wellness"	1	2	3	4	5
Other (Please Specify)	1	2	3	4	5

_____
_____

7. To what extent does each of the following contribute to the health status of an individual? (Circle one number for each of the following.)

	Not At All				Major Contributor
Health Care Delivery System (restoration curative)	1	2	3	4	5
Life styles (leisure activity, consumption patterns, employment and occupational risk)	1	2	3	4	5
Environment (social, psychological, physical)	1	2	3	4	5
Human biological factors	1	2	3	4	5
Other (Please Specify)	1	2	3	4	5

_____

_____

8. To what extent do the following influence and promote good health practices among migrant children and their parents? (Circle one number for each of the following.)

	Not At All				Major Influence
Doctors	1	2	3	4	5
Nurses	1	2	3	4	5
Teachers	1	2	3	4	5
Community out-reach worker	1	2	3	4	5
Family	1	2	3	4	5
Church	1	2	3	4	5
Media	1	2	3	4	5
Other (Please Specify)	1	2	3	4	5

_____

_____

9. To what extent should each of the following provide health education for migrant children and their parents? (Circle one number for each of the following.)

	Not At All				Major Provider
Doctors	1	2	3	4	5
Nurses	1	2	3	4	5
Teachers	1	2	3	4	5
Community out-reach worker	1	2	3	4	5
Family	1	2	3	4	5
Church	1	2	3	4	5
Media	1	2	3	4	5
Other (Please Specify)	1	2	3	4	5

_____

_____

10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families? (Rate the importance of each of the following.)

	Not At All				Most Important
Nutrition	1	2	3	4	5
Fitness	1	2	3	4	5
Dental Health	1	2	3	4	5
Human Growth and Development (Family Relationships, Human Sexuality, and Heredity and Environment)	1	2	3	4	5
Mental Health	1	2	3	4	5
Substance Abuse	1	2	3	4	5
Disease Control	1	2	3	4	5
Anatomy	1	2	3	4	5
Physiology	1	2	3	4	5
Safety	1	2	3	4	5
Consumer Health	1	2	3	4	5
Other _____	1	2	3	4	5

_____

11. What do you need to know in order to teach good health practices to migrant children and their parents? Check one or more of the following:

___ Basic health information
___ The importance of folk medicines in the lives of migrant farmworkers
___ Parents' values, beliefs and attitudes toward health
___ Barriers that prevent the practice of good health habits
___ The families present knowledge of good health practices

12. What types of materials do you need to promote sound health concepts? Check one or more of the following:

___ A teacher's guide
___ A health skills list
___ Health concepts correlated to the skills list
___ Strategies and techniques to integrating health concepts into existing curriculum
___ Materials and activities to present health concepts
___ Health resource guide
___ Health education needs assessment instrument
___ None

13. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs? (If you answer Yes, please list the names and addresses below.)

___ Yes ___ No

_____

_____

_____

14. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations? (If you answer Yes, please list below and forward if possible.)

___ Yes ___ No

_____

_____

_____

_____

15. Do you know of any health educational materials appropriate for migrant children and their parents? (If you answer Yes, please list below how they can be obtained.)

___ Yes ___ No

_____

_____

_____

_____

Answer these questions only if you have accurate data.

16. What are the most frequently diagnosed health problems in migrant families:

0-1 years

_____

_____

1-5 years

_____

_____

6-18 years

_____

_____

18 years and over

_____

_____

17. What are the leading causes of death in migrants:

0-1 years

_____

_____

1-5 years

_____

_____

6-18 years

_____

_____

18 years and over

_____

_____

APPENDIX D

HAPPIER Survey Responses for Illinois

DATASET HAPPYIL

I.D	State	0	1a	1b	1c	1d	1e	2	3a	3b	3c	3d	3e	3f	4a	4b	4c	4d	4e	4f	4g	4h	5a	5b	5c	5d	5e	5f	6a	6b	6c	6d	6e	7a	7b	7c	7d	7e
1	IL-F	2	0	0	0	1	1	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	1	4	1	1	0	4	1	1	2	0	4	4	5	4	0
2	IL-UP	1	1	1	1	1	0	1	1	1	0	0	0	1	0	1	1	0	0	0	0	0	1	1	5	2	2	0	3	2	3	5	0	5	5	5	4	0
3	IL-P	1	1	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	3	3	5	4	5	5	3	4	2	4	5	3	4	5	3	0
4	IL-DL	1	0	0	0	1	0	1	1	1	0	0	0	1	1	0	1	1	0	0	0	0	3	2	4	3	3	4	3	2	3	5	0	3	5	5	5	0
5	IL-J	1	1	1	1	1	0	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	5	5	5	0	0	0	3	3	2	5	0	4	4	4	3	0
6	IL-WC	1	1	1	0	1	0	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	4	2	5	3	2	0	2	2	2	4	0	4	4	4	5	0
7	IL-B	1	1	1	1	1	0	1	1	1	0	0	0	1	1	1	1	1	0	1	0	0	3	1	5	2	1	5	3	3	3	3	5	3	5	5	5	0
8	IL-M	1	1	1	0	1	0	1	1	1	0	0	0	0	1	0	0	0	0	1	0	0	1	1	5	1	1	0	3	1	1	4	0	3	5	5	4	0
9	IL-M	2	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	2	2	5	2	1	0	3	3	3	3	0	4	5	3	3	0
10	IL-A	1	1	1	0	1	1	1	0	1	0	1	0	0	1	1	0	0	0	0	0	0	2	3	5	3	1	0	1	1	1	5	0	3	4	4	4	0
11	IL-K	2	0	0	0	1	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	4	2	3	1	1	0	2	2	3	3	0	4	4	5	5	0
12	IL-H	2	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	3	1	1	0	3	3	2	4	0	5	4	4	4	0
13	IL-E	2	0	0	0	1	0	1	1	1	0	1	0	0	1	0	0	1	0	0	0	0	3	3	2	3	2	4	4	3	3	4	0	5	3	5	4	0
14	IL-RL	1	0	1	1	1	0	1	0	1	0	0	0	1	1	1	1	0	0	0	0	0	3	1	5	5	2	1	2	2	2	5	0	3	4	4	2	0
15	IL-P	1	1	0	0	1	0	1	1	1	0	0	0	1	1	0	0	1	1	0	0	0	3	1	5	2	0	0	5	3	2	3	5	2	5	3	3	0
16	IL-R	2	1	1	0	1	0	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0	1	1	3	1	1	0	2	1	1	1	0	5	4	4	3	0
17	IL-HP	2	1	1	0	1	0	1	1	1	0	0	0	0	1	1	0	1	0	0	0	0	3	1	2	1	2	0	2	2	3	4	0	5	5	5	4	0
18	IL-A	1	0	0	0	1	0	1	0	1	0	0	1	1	0	0	1	0	0	0	0	0	3	3	5	1	2	5	4	4	4	5	5	4	5	5	5	0

DATASET HAPPYIL

I.D	State	8a	8b	8c	8d	8e	8f	8g	8h	9a	9b	9c	9d	9e	9f	9g	9h
1	IL-F	4	5	5	5	3	4	2	0	4	4	4	4	4	3	5	0
2	IL-UP	2	2	5	5	4	2	2	0	4	4	5	5	5	4	5	0
3	IL-P	5	5	3	5	3	2	2	0	5	5	3	5	4	2	3	0
4	IL-DL	2	4	3	3	2	1	1	0	4	5	4	4	5	1	1	0
5	IL-J	4	4	4	4	4	3	2	0	5	5	4	4	5	2	3	0
6	IL-WC	4	5	5	4	3	3	3	0	4	5	5	4	4	4	4	0
7	IL-B	3	4	5	5	3	1	3	0	4	4	3	5	5	5	5	0
8	IL-M	4	4	5	4	3	2	5	0	5	5	5	3	3	0	5	0
9	IL-M	2	3	5	2	3	2	2	0	3	5	5	3	5	2	2	0
10	IL-A	2	2	3	4	5	4	2	0	4	4	4	5	4	4	3	0
11	IL-K	3	3	4	4	4	3	2	0	4	4	4	4	5	4	4	0
12	IL-H	2	2	2	2	2	2	2	0	3	3	4	3	5	3	3	0
13	IL-E	3	3	4	5	5	3	2	0	3	5	5	5	3	3	2	0
14	IL-RL	2	5	4	3	3	3	2	0	3	4	5	5	2	3	2	0
15	IL-P	2	4	3	5	5	1	2	0	5	5	3	4	3	2	1	0
16	IL-R	3	5	5	3	5	3	3	0	5	5	5	5	5	5	5	0
17	IL-HP	2	4	5	5	3	2	2	0	2	4	5	5	5	2	4	0
18	IL-A	2	3	4	4	2	2	2	0	4	4	5	5	4	4	4	0

• DATASET HAPPYIL2

I.D	State	10a	10b	10c	10d	10e	10f	10g	10h	10i	10j	10k	10l	11a	11b	11c	11d	11e	12a	12b	12c	12d	12e	12f	12g	12h	13	14	15
1	IL-F	1	3	4	3	3	5	4	3	3	4	3	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	2	1
2	IL-UP	5	5	5	5	5	5	4	4	5	5	5	0	0	1	1	1	0	1	1	1	1	1	1	1	0	2	2	1
3	IL-P	5	4	4	5	3	3	3	2	2	5	4	0	1	0	0	1	1	0	0	0	0	0	0	1	0	2	2	2
4	IL-DL	5	4	4	4	4	3	4	3	2	4	3	0	1	1	1	1	1	0	0	0	1	1	1	0	0	1	1	1
5	IL-J	5	5	5	4	3	3	5	3	3	3	3	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	2	1
6	IL-MC	5	4	4	4	4	4	3	3	3	5	5	0	1	1	1	1	1	0	0	0	1	1	0	0	0	2	2	2
7	IL-B	5	3	4	3	5	5	5	3	3	5	5	0	0	1	1	0	1	0	1	0	0	1	0	1	0	1	2	1
8	IL-H	5	5	5	5	5	5	5	4	4	5	5	0	1	0	1	1	1	0	0	0	1	0	0	0	0	2	2	2
9	IL-M	4	4	4	4	4	5	3	3	3	3	3	0	0	0	1	1	0	0	0	0	1	0	1	0	0	2	2	2
10	IL-A	4	4	5	4	4	4	5	3	3	4	4	0	1	1	1	1	1	0	0	0	0	0	0	1	0	1	2	1
11	IL-K	3	4	3	3	3	4	4	3	3	4	3	0	0	0	0	1	1	0	0	0	1	1	0	0	0	2	2	1
12	IL-W	4	4	4	4	4	4	4	4	4	4	4	0	1	1	1	1	1	0	0	0	1	0	0	0	0	2	2	2
13	IL-E	3	4	4	4	5	3	3	3	3	4	4	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	2	2
14	IL-RL	4	4	4	4	4	4	3	2	2	2	2	0	1	1	1	1	1	1	1	1	1	1	1	1	0	2	2	2
15	IL-P	5	4	5	4	4	4	4	2	2	3	3	0	0	1	1	1	1	0	0	0	1	1	1	0	0	2	2	1
16	IL-R	5	4	5	4	4	5	5	3	3	5	4	0	1	0	1	0	0	0	0	0	1	1	0	0	0	1	2	1
17	IL-HP	4	5	4	5	5	5	4	3	2	4	5	0	1	0	1	1	1	0	0	0	1	1	0	0	0	2	2	2
18	IL-A	5	5	5	5	4	4	4	4	4	5	4	0	0	0	1	1	1	0	1	1	1	0	1	0	0	2	2	2

APPENDIX C

Survey Comments by Illinois Respondents

DATASET HAPPYILC

I.D	QU	COMMENT
1	1	Open door clinic
10	1	Illinois Migrant Council

DATASET HAPPYILC

I.D	QU	COMMENT
1	3	Open door health clinic
2	3	SIU; State of Illinois Dept. of Public Health
3	3	Local clinic and the Illinois Migrant Council. The Peoria County
3	3	Health Department for dental follow up and other health services.
4	3	1) Open door clinic (Diamond Lk Rd) 2) (Lake Co.) Health Dept.
4	3	Mundelein, Ill. 60060
5	3	County health dept
6	3	County health department
7	3	Health department in Dekalb County in cooperation with Dekalb summer
7	3	migrant education nurse.
14	3	Individual doctors and County Health services
15	3	Cook County Dental Clinic
18	3	Health department

DATASET HAPPYILC

I.D	QU	COMMENT
3	5	Transportation
4	5	Lack of continuity & follow-up
6	5	Parents unaware of importance of health care
7	5	Discrimination against public aid recipients.
13	5	The willingness to take time to get the medical attention needed
14	5	Transportation, knowledge of service available
15	5	Lack of green card and/or no health insurance
18	5	Ignorance of available services

DATASET HAPPYILC

I.D	QU	COMMENT
3	6	Time these agencies are open & available
6	6	Language barriers if Spanish dominant parents
7	6	Cost of prevention & wellness. Little emotional energy remains for
7	6	health maintenance or growth when operating at a crisis or survival
7	6	level financially most of the time. Lack of health as being a
7	6	priority for children & other family members.
15	6	Wellness as a low priority item
18	6	Their fear of high costs

APPENDIX D

Survey Responses to Items 13-15

DATASET HAPPYILC

I.D	QU	COMMENT
1	13	The migrant survey done this summer from Texas.
4	13	Ill Migrant Health Program
5	13	Chris Potters Kane- Kendall Mental Health, Aurora, Illinois
6	13	But our nurse on staff does a super job of using community resources!
6	13	Lois Fogelsong West Chicago
7	13	Lorie Barber, McHenry Migrant Health Project, 3322 N. Ela St.,
7	13	McHenry, IL. 60050 815/344-5110
10	13	Christine E. Potters (Kane-Kendal Mental Health Center), 400 Mercy Lane
10	13	Aurora, Illinois 60506 (312) 897-0504
13	13	Muscatine Migrant Center
14	13	None known to me
16	13	Illinois Migrant Council, Migrant clinic
17	13	PAC has given some workshops at our PAC meetings and other groups.
17	13	Workshops were related to safety in the home and first aid.

DATASET HAPPYILC

I.D	QU	COMMENT
4	14	Migrant Health Education Needs Survey, Robt Trotter, Edinburg Tx.

DATASET HAPPYILC

I.D	QU	COMMENT
1	15	Moreno booklets for parents on nutrition, etc.
2	15	Nutrition- St. Louis Dairy Council; Dental- Illinois Dept. of Public
2	15	Health
4	15	Some materials in Spanish from Health Dept
5	15	Heave a Healthy Heart; Happier
6	15	There is a need for health educational materials
7	15	All we have available in Dekalb for the regular school population for
7	15	students. For families: 1. Community mental health board 8708,
7	15	2337 Sycamore Rd., Dekalb, IL 60115 2. Marci Gubleman, health
7	15	educator, Dekalb County Health Department, 2337 Sycamore Rd., Dekalb,
7	15	IL 60115
10	15	Coco Limpiar Los Dientes y Las Encias published in 1981 by American
10	15	Dental Assn., Distributed by the Illinois Migrant Council
11	15	Several pamphlets are available in Spanish and in English from the list
11	15	of Federal Consumer Publications. See page 5 and 6 of attached
11	15	pamphlet.
15	15	"How to Keep Your Children Healthy" written in Spanish with English
15	15	subtitles; Issued by State of Illinois Dept of Pub Health Circular
15	15	#17.004
16	15	Am. Cancer Society (Ill. publications); Ogle County Home Extension
16	15	(Ill. publications)